(1), (3), (11), (12), (27), (28), (30), (41) & (45).

DEPARTMENT OF PUBLIC HEALTH AND SOCIAL SERVICES DIVISION OF ENVIRONMENTAL HEALTH EATING & DRINKING ESTABLISHMENT / FOOD ESTABLISHMENT INSPECTION REPORT REASON GRADE Inspection Date: ESTABLISHMENT NAME: GAYINERO MAPKET WINDS MAINTENANT 11/30/17 Regular Time In Time Out OWNER/OPERATOR: Follow-Up Time In Time Out OWNER/OPERATOR: 10:40 12:25 NA ENNIFER J LOCATION: LOT 9 BULL Establishment Type: Sanitary Permit No.: TRACT IS 9 GAYLINERO MANUFACTURER Complaint Investigation RATING Other: A 20000- 1000163 PERMIT STATUS: V Walid Temporary Expired The following items identify violations found this day in the operations and facilities which must be corrected by the next inspection, or sooner, as the Department indicates. Non-compliance may result in downgrading or permit suspension. To appeal, a written request for hearing must be submitted before the indicated correction date ITEM* CORRECT BY FILLOW -UP INSPECTION WAS CONDUCTED. PREVIOUS INSPECTION CONDUCTED ON 9 THE FOLLOWING WERE GBSERVED: ALL PREVIOUS VIOLATIONS HAVE BEEN CORRECTED - ITENS # 2,5,8, 17 & 32. NO MEN VIOLATIONS OBSERVED. PHOTOS TAKEN. B" PLACARD OF 00943 REMOVED. 1A" PLACARD OF 02934 ISCUED. PIC BRUTED ON THE ABOVE. have read and understand the above violation(s) and I am aware of the corrective measures that I must take. *Note: When any of the following items are Received By (Name & Title): cited above, they shall be corrected within Brian S na 2 10 days of this inspection: DEH Inspector (Name & Title):